SUBSTANCE USE AND HEALTH

Opiate Detoxification by Codeine Substitution and Stepdown for Effective Short-Term Management of Opiate Addiction

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ABSTRACT

Background

Illicit narcotic dependence and associated conditions such as human immunodeficiency virus (HIV) and hepatitis C virus infections impose a great burden on the population health of substance abusers and their communities. In Alberta, treatment options for opiate addiction are limited to two main possibilities. A methadone maintenance program is available through Alberta Alcohol and Drug Abuse Commission (AADAC) for addicts who are unable to discontinue drug use. This approach may be inappropriate for highly motivated individuals seeking to quit completely. Abrupt ("cold turkey") detoxification treatment is also available through Alberta Alcohol and Drug Abuse Commission and other agencies, but produces severe and undesirable physical withdrawal symptoms. It is therefore necessary to explore additional approaches, such as stepdown treatment, that are better suited to the needs and circumstances of opiate addicts.

Objective

We aimed to describe an effective codeine substitution and stepdown opiate detoxification program.

Method

Patients commence detoxification if they present with a history of ongoing opiate addiction and can commit to a minimum opiate dose reduction of 20% per month. Such gradual withdrawal dramatically reduces the severity of withdrawal symptoms. Following an initial medical assessment, detoxification is initiated by voluntary discontinuation of illicit opiates and substitution with oral codeine prescribed at the lowest possible dose (up to a daily maximum of 900 mg) required to minimize withdrawal symptoms. Repeated cycles of dosage reduction every 10–14 days are carried out to gradually taper the patient off opiates within 4 months. Periodic assessments every 2–3 weeks monitor detoxification progress, determine the need for supportive medication, reinforce their detoxification commitment, and encourage involvement in addiction recovery programs or counseling.

Results

Program safety and efficacy are well demonstrated. From program inception in March 1999 through March 2002, there were 274 patients enrolled and no significant medical complications. Over 90% temporarily reduced overall opiate usage by at least 50%. Furthermore, they benefited from psychosocial program supports and a licit supply of opiates, which provided an often-timely respite from their high-risk lifestyle. There were 85 patients (31%) who self-reportedly achieved at least temporary complete detoxification. while 11 were subsequently referred to methadone maintenance due to their inability to sustain withdrawal. These rates compare favorably to those reported from other outpatient detoxification programs.

Conclusion

It is unfortunate that this rational and effective opiate detoxification method is novel for Alberta and reportedly is unavailable elsewhere in the province.

Insights from Current Injection Drug Users About Methadone Treatment

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ABSTRACT

Objective

We aimed to understand the pros and cons of methadone treatment from the perspective of current injection drug users (IDUs) in Toronto, Ontario, Canada.

Method

In-depth, open-ended qualitative interviews were carried out with about 120 IDUs in Toronto recruited through needle exchanges, posters in laundromats, and field outreach. Aspects of drug use, human immunodeficiency virus (HIV) prevention and testing, drug overdose, violence, and so on, as well as service needs and experiences, were explored. Interviews were tape recorded, transcribed, coded, and entered into Ethnograph, a software program for managing qualitative data analysis. Text mentioning methadone was coded and analyzed for emerging themes.

Results

Among this group of current drug injectors, a sizable minority were also currently receiving methadone, and others had previously attempted to use methadone. Reasons for using methadone related to aspects of managing drug use, curtailing criminal activity for drug acquisition, and avoiding withdrawal symptoms, as well as in some cases a desire to stop use of other opiates completely. A number of problems and concerns about methadone use were described, some related to the drug itself (e.g., feelings and reactions while taking methadone, belief that it is a worse addiction than heroin) and some related to aspects of service provision. These included the costs of methadone itself, poor knowledge of drug use and methadone provision by methadone providers, judgmental attitudes by providers, and issues of accessibility and requirements imposed in treatment programs. Since the mid-1990s, the number of IDUs receiving methadone in Toronto has increased by 450%, while the number of physicians prescribing it has increased only 54%, raising questions about the nature and quality of care provided. Some IDUs also reported that methadone did not provide the spiritual or pleasurable benefits they sought, leading them to continued use of other drugs with attendant risks.

Conclusions

In-depth interviews with IDUs who continue to inject drugs have provided many insights into their experiences with methadone use and raised many important new questions about service provision and other aspects of drug substitution as a harm-reduction strategy that can be used to improve methadone provision and to consider alternatives for IDUs for whom methadone is not successful.

Harm Reduction Measures for Inner-City Drug Users: Perceptions of Toronto Drug Injectors About Safe Injection Facilities and Prescribed Opiate Treatment

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ABSTRACT

Objectives

We desired to understand Toronto injection drug users' (IDUs') perceptions of new harm-reduction strategies, including supervised injection facilities and prescription of heroin and other opiates.

Methods

About 120 Toronto IDUs participated in open-ended qualitative interviews between June 2000 and April 2001. A sampling strategy sought to maximize diversity in terms of age, gender, ethnicity, and area of the city in which participants lived. Participants were asked about drug use; use of health services, including needle-exchange programs, drug treatment programs, testing and treatment for human immunodeficiency virus (HIV) and hepatitis B and C; and needs for additional services. Interviews were tape recorded, transcribed, coded, and entered into the Ethnograph 5 software program. Thematic analysis was carried out, focusing here on themes of unmet service needs and perceptions about supervised injection facilities and prescription of heroin and other drugs.

Results

Many interviewees were aware of supervised injection facilities and prescription heroin in Europe. Many had also personally experienced drug overdose. There was support for supervised injection facilities, particularly for their value in providing someone with expertise to assist in overdose situations, and ideas were suggested for their design. However, there were also concerns about police surveillance, accessibility, and drug-related violence. The majority of injectors interviewed endeavor to inject safely; safe injection facilities would have particular value for the homeless and for those who inject opiates while alone. Prescription narcotics were viewed as very positive for user safety and reduction of crime and other social harms. Some participants identified problems with methadone treatment and their need for alternative drug substitutions.

Conclusions

Qualitative interviews with drug injectors provided valuable information for planning future harm-reduction strategies. Supervised injection facilities seem to offer a natural extension of current services for homeless IDUs in particular. In light of the many issues about methadone maintenance, heroin prescription appears to be a strategy that merits urgent consideration in Canada.

Hepatitis C–Related Injection Drug Use Behaviors in Montreal

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ABSTRACT

Objectives

We aimed (1) to describe hepatitis C–related knowledge and attitudes as conceptualized using the AIDS Risk Reduction Model (ARRM) and (2) to describe drug preparation and injection behaviors of Montreal, Quebec, Canada, injection drug users (IDUs).

Methods

Data from a pilot study of an interviewer-administered questionnaire will be analyzed. We will recruit 100 IDUs (intravenous drug use at least once in the past 6 months) through local needle-exchange programs and methadone clinics. Exploratory factor analyses will be used to confirm ARRM variables defined a priori. These correspond to the following psychological constructs: (1) problem labeling (as a function of hepatitis C virus (HCV) knowledge, disease susceptibility, and severity); (2) commitment to safer injection (as a function of perceived barriers and benefits, social norms, and self-efficacy); and (3) enactment (drug use behaviors). The questionnaire validation process has been described elsewhere.

A profile of the sample will be described. Variables will include sociodemographic factors, self-reported HCV status, and utilization of local harm-reduction services. ARRM factors will be detailed. Scales on hepatitis C knowledge, perceived disease severity and susceptibility, perceived benefits and barriers to safer drug use, self-efficacy, and perceived social norms will be measured. Scores for these scales will be reported using a 6-point agreement-disagreement response range.

Also, hepatitis C–specific drug preparation and injection behaviors will be described. Information on duration of injection drug use, drugs of choice, materials usually used, and context of use will be summarized. At-risk reuse, borrowing, lending, and sharing of various types of equipment (cookers, filters, water, postinjection swab) will be reported using descriptive statistics. Particular attention will be paid to the ascertainment of HCV transmission risk. Four levels of risk have been predesignated based on the use of "dirty" material at any point in the drug preparation-injection process during the past 6 months. High risk for HCV transmission will correspond with any use of dirty syringes. Intermediate risk will be assigned based on use of dirty cookers, filters, and/or water. Low risk will be any use of a dirty alcohol swab, tourniquet, and/or postinjection swab. No risk will correspond with no reported use of dirty equipment.

Results and Conclusions

The pilot study is presently under way. Findings will be presented at the conference. Additional drug preparation and injection materials (cookers, filter, water, and postinjection swabs) will be distributed in Montreal in fall 2002. The results of this pilot study will provide vital information regarding the educational materials to accompany this distribution.

Development of a Questionnaire on Hepatitis C–Related Knowledge, Attitudes, and Behaviors of Injection Drug Users

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ABSTRACT

Objective

We aimed to present the steps used to evaluate the psychometric properties of a new questionnaire for injection drug users (IDUs) on hepatitis C–related knowledge, attitudes, and behaviors.

Methods

The AIDS Risk Reduction Model (ARRM) of behavior acquisition was selected to direct questionnaire development. Questionnaire items were developed to correspond with the following ARRM constructs/variables: (1) hepatitis C knowledge and perceived susceptibility and severity; (2) perceived barriers and benefits, social norms, and self-efficacy regarding safer injection; and (3) drug use behaviors, including types of equipment. A multilevel approach involving qualitative and quantitative methods was used to optimize and assess questionnaire validity (content validity, reliability, construct validity, and ecological validity). Part 1 was an evaluation by a panel of experts (clinicians, researchers, and field workers). Written feedback and item scoring on pertinence and clarity were analyzed. Part 2 was evaluation by IDUs through structured interviews. Qualitative input was noted; subjects also responded to yes-no questions on comprehension, clarity, and complexity. Mean scores on these items were generated; those with a mean score less than .80 were targeted for review. Part 3 is a pilot study of the questionnaire; 100 IDUs will be recruited. This part is presently under way. Exploratory factor analyses will be done to confirm variables defined a priori. Questionnaire items having an explained variance greater than .40 within factors will be retained. Scales with an internal consistency (Cronbach α) greater than .70 will be targeted.

Results

For part 1, the review by 10 experts resulted in 183 of 233 items having good content validity. There was no notable difference between the results of the qualitative and those of the quantitative assessments. For part 2, based on qualitative feedback from 29 IDUs, 87 of the 183 questions were revised, while 20 were removed. In contrast, the quantitative process identified 36 items for review, of which 23 had already been considered through qualitative feedback. For part 3, results of the exploratory factor analyses, as well as the resulting knowledge and attitudinal factors, will be presented at the conference.

Conclusions

Input from IDUs is essential to the development of an instrument geared to assess an emerging health issue in this population. Qualitative input appears most useful in optimizing content and ecological validity, while quantitative methods provide minimal additional information. This is in contrast to the results found using expert review. The steps taken to optimize the appropriateness of this questionnaire afford a confidence that the instrument is well suited to its purpose.

Perceptions and Experiences of Toronto Injection Drug Users About Receiving Health and Social Services in the Inner City

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ABSTRACT

Objective

Our objective was to understand the perceptions and experiences of injection drug users (IDUs) in Toronto, Ontario, Canada, and their suggestions for health and social service delivery.

Method

About 120 Toronto IDUs participated in semistructured qualitative interviews between June 2000 and April 2001. Recruitment was through needle exchanges, posters in laundromats, and field outreach. The sampling strategy sought to maximize diversity in terms of age, gender, ethnicity, and area of the city in which participants lived. Aspects of drug use, human immunodeficiency virus (HIV) prevention and testing, drug overdose, violence, and so on, as well as service needs and experiences, were explored. Interviews were tape recorded, transcribed, coded, and entered into Ethnograph 5, a software program for managing qualitative data analysis. Thematic analysis here focused on themes of unmet service needs, negative service experiences, positive service experiences, and suggestions to improve services.

Results

Many interviewees were able to specifically identify gaps in the health care and social services they received. Many IDUs reported that the stigma and discrimination they endure as drug users cause them to avoid conventional services such as hospitals, waiting until the last minute before seeking treatment for serious illnesses and injuries. Participants described being denied adequate treatment for painful conditions such as fractures. Some reported that the presence of just one staff person who demonstrated genuine concern or compassion was enough to encourage them to return for services in the future. Conversely, staff indifference and/or judgmental attitudes led many to refuse certain important services.

Conclusions

Appropriate staff training sensitive to the needs of IDUs should be explored, especially in conventional and traditionally structured institutions such as hospitals and emergency rooms, and adherence to professional standards (with appropriate disciplinary responses) must be applied.

Dilemmas in Field Studies With Injection Drug Users

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ABSTRACT

Objective

We examined dilemmas in qualitative ethnographic studies with injection drug users (IDUs).

Methods

Two studies of human immunodeficiency virus (HIV) risks and using behaviors of IDUs utilized qualitative field research designs to attempt to understand illicit drug injection from users' perspectives. The Understanding Drug Use in Toronto study involved 120 semistructured participant interviews; the Crack Injection Study, part of a multicity collaboration, included 31 structured interviews with observations of crack cocaine injecting in users' "natural environment."

Results

One field researcher was trained as a sociologist/researcher, the other as a social worker/psychotherapist. They experienced similar struggles between the requirement to obtain valid research data and their felt need to provide immediate service and information as subjects described or demonstrated risky practices or immediate health needs.

Key concerns were balancing ethical obligations to obtain valid data with concern for well-being of participants; how the need for researcher safety affects the data collected; effective dissemination of research findings as expediently as possible when the research process itself is lengthy and when immediate feedback can bias findings; and risk of retraumatization of vulnerable participants.

Conclusion

Well-being of both participants and researchers requires that field research with IDUs address these difficult moral/ethical issues.

Mental Pain and Illicit Drug Use in the Inner City—Concurrent Issues, Missed Opportunities

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ABSTRACT

Objective

We aimed to explore the relationship between reasons given for using drugs and the self-described and observed mental health of injection drug users (IDUs) in a Toronto, Ontario, Canada, study.

Method

In-depth, open-ended qualitative interviews were conducted with about 120 Toronto IDUs who were recruited through needle exchanges, posters in laundromats, and field outreach; interviews were carried out between June 2000 and April 2001. The sampling strategy sought to maximize diversity in terms of age, gender, ethnicity, and area of the city in which participants lived. Aspects of drug use, human immunodeficiency virus (HIV) prevention and testing, drug overdose, violence, and so on, as well as service needs and experiences, were explored. Interviews were tape recorded, transcribed, coded, and entered into Ethnograph 5, a software program for managing qualitative data analysis. Thematic analysis was carried out, focusing on reasons for using drugs, issues of mental health, service needs, positive and negative service experiences, and suggestions for improving services.

Results

Among this group of current drug injectors, there were a number who indicated that the drugs they were injecting helped them to numb out, escape from intolerable situations, or to feel "normal." Many interview subjects also reported experiencing deep and abiding sadness—about their past experiences, their present situation, and their hopes for a positive future—that may be sufficiently intense or enduring to qualify them for a diagnosis of depression according to the *Diagnostic and Statistical Manual of Mental Disorders*. As well, there was evidence of anxiety and, in situations when the interview subject recalled childhood abuse experiences, post-traumatic stress disorder. A number of people, in this group as well as in the general sample, reported on the salubrious impact of good and respectful care provision from a wide variety of providers, even while they were still using drugs.

Conclusions

The voices of IDUs in this study provided insights into their emotional health and reasons for continuing drug use, and they have raised questions about the impact of the lack of mental health services and support when most needed. Issues of whether counseling and therapeutic interventions can be useful and practical while clients are actively using drugs and how and by whom these services might be delivered will be discussed.

Welfare Checks and Leaving the Hospital Against Medical Advice: the Case of Injection Drug Users

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ABSTRACT

Objectives

Welfare checks are typically released on the last Wednesday of the month in British Columbia. Welfare workers can pro-rate a patient's welfare check based on time spent in the hospital, thereby creating an incentive for patients to leave the hospital against medical advice (AMA) to pick up their check. This study examined the impact of the availability of welfare checks, along with other factors, on the likelihood of leaving AMA.

Methods

All cases involving an injection drug user admitted to St. Paul's Hospital in Vancouver, British Columbia, between April 1995 and March 2000 were selected. Data on age, gender, housing status, human immunodeficiency virus (HIV) status, location of care at the hospital, principal diagnosis, and length of stay in the hospital were also collected. All admissions for a given patient were included in the sample, allowing for a longitudinal analysis. The sample was split into two groups for analysis: those patients on their first-ever admission to the

hospital and those patients on a later admission. Multiple regression, using the probit and random-effects probit specifications, was used. The dependent variable equaled 1 if the patient left AMA on a given admission.

Results

Of the 4,766 admissions, 1,257 involved a patient leaving AMA, a rate of 26% (compared to a hospital-wide AMA rate of less than 2%). For the sample of patients who had previously been admitted to the hospital, admissions that involved a patient leaving the hospital on a "welfare Wednesday" were 25% more likely to have been AMA cases. For the sample of patients on their first-ever admission, no statistically significant welfare Wednesday effect was found. Older patients were relatively less likely to leave AMA. Patients with no fixed address were more likely to leave AMA, as were HIV-positive patients.

Conclusions

The AMA rates were found to be very high among injection drug users. Patients who left the hospital on a welfare Wednesday were much more likely to have been AMA cases, but only if they had been previously admitted to the hospital. Patients appear to "learn" about the welfare system. Policies to assist the hospital in curbing the abuse of AMA use among injection drug users require future discussion and research.

THE HEALTH OF PEOPLE LIVING WITH HIV

HIV and Aging: "The HIV Community Does Not Care About Aging. The Aging Community Does Not Care About HIV"

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ABSTRACT

Objectives

Ontario statistics indicate approximately 11% of all new human immunodeficiency virus (HIV) diagnoses are in people over 50 years of age. This is the largest and fastest-growing demographic in North America. The latest (1999) numbers from the Centers for Disease Control and Prevention (CDC) indicate that 13.4% of persons in the United States living with HIV/AIDS (acquired immunodeficiency syndrome) are over 50 years of age. The issues of the inner-city living heighten the marginalization of older people already isolated due to loss of peers, poverty, stigma, and other chronic illnesses. HIV prevention programs are mainly targeted to young, gay/bisexual/intravenous drug-using men, without recognition of these older populations.

Programs are required to

- Dispel myths about seniors and sexuality for health care, social service, and HIV prevention information providers
- Provide culturally and age-appropriate information on HIV transmission and prevention
- Explain how the disease affects older adults, their families, and caregivers
- Reach out to the unrecognized aging intravenous drug–using populations who are infected or at a heightened risk for HIV